



# NOTIFICATION OF LEAD-BASED PAINT ABATEMENT

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF AIR QUALITY

SFN53479(12/05)

## I. TYPE OF NOTIFICATION THIS NOTICE MUST BE SUBMITTED 10 DAYS BEFORE BEGINNING THE ACTIVITY

<input type="checkbox"/> Original	<input type="checkbox"/> Revised	<input type="checkbox"/> Canceled	Date: (MM/DD/YY)
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## II. TYPE OF OPERATION III. IS LEAD-BASED PAINT PRESENT?

<input type="checkbox"/> Abatement of Child-Occupied Facility	<input type="checkbox"/> Abatement of Residential House	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## IV. FACILITY/RESIDENCIAL INFORMATION (Identify owner and other operator, if applicable)

Owner Name			
Owner Address	City	State	Zip Code
Contact Person	Telephone Number		
Operator /Renter(if other than owner)			
Operator /Renter Address	City	State	Zip Code
Contact Person	Telephone Number		

## V. FACILITY/RESIDENCIAL DESCRIPTION (Include building name, number and floor or room number)

Building Name				
Building Address	City	State	Zip	County
Site Location (Floor or room number(s))				
Building Size (Sq. Ft.)	Number of Floors		Age of Building (In years)	
Present Use	Prior Use			

## VI. LEAD-BASED PAINT ABATEMENT CONTRACTOR

Contractor Name	ND License Number		
Contractor Address	City	State	Zip
Contact Person	Telephone Number		

## VII. PROJECT MONITORING FIRM OR RISK ASSESSOR/INSPECTOR (if applicable)

Firm Name	ND License Number		
Firm Address	City	State	Zip
Name of Onsite Hygienist	Telephone Number		

<b>VIII. APPROXIMATE AMOUNT OF LEAD-BASED PAINT, INCLUDING:</b>	Lead Containing Material To Be Removed
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Soil Area (Sq Ft)	
Surface Area (SqFt)	

## IX. SCHEDULED DATES LEAD-BASED PAINT REMOVAL (MM-DD-YY)

Start: ---- Finish: ----

## X. SCHEDULED DATES RENOVATION PROJECT(MM-DD-YY)

Start: ---- Finish: ----

**XI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF LEAD-BASED PAINT MATERIAL**

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**XI. TYPE OF LEAD-BASED PAINT CONTAINING MATERIAL PRESENT AND DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF LEAD (i.e., wet methods, designated work area, waste in leaktight containers, etc.)**

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**XIII. DESCRIPTION OF PLANNED ABATEMENT WORK, AND METHOD(S) TO BE USED**

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**XIV. WASTE TRANSPORTER**

Name			
Address	City	State	Zip Code
Contact Person		Telephone Number	

**XV. WASTE DISPOSAL SITE**

Name	Permit Number	Telephone Number	
Address	City	State	Zip Code

**XVI. IF ABATEMENT IS ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF ORDER TO THIS NOTICE**

Name	Title	Telephone Number
Authority	Date of Order (MM/DD/YY)	

**XIX. GENERAL COMMENTS:**

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**XX. I certify to the best of my knowledge that the above information is true and correct. I further certify that all lead-based paint abatement work on this project will be performed by individuals certified in accordance with the North Dakota Air Pollution Control Rules 33-15-24.**

\_\_\_\_\_  
Signature of Owner/Operator

\_\_\_\_\_  
Date

Return completed form to :

**NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF AIR QUALITY  
918 EAST DIVIDE AVE, 2<sup>nd</sup> FL.  
BISMARCK ND 58506-5520**

**TELEPHONE: (701)328-5188  
FAX: (701)328-5200 (If faxing, original copy must be mailed)**